



CANNON BUILDING  
861 SILVER LAKE BLVD., SUITE 203  
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE  
**DEPARTMENT OF STATE**

TELEPHONE: (302) 744-4500  
FAX: (302) 739-2711  
WEBSITE: WWW.DPR.DELAWARE.GOV

DIVISION OF PROFESSIONAL REGULATION

**BOARD OF DENTAL EXAMINERS**

APPLICATION

(Check one) DENTISTRY \_\_\_\_\_ or DENTAL HYGIENE \_\_\_\_\_

**I. IDENTIFICATION**

Name:

\_\_\_\_\_  
(last name)

\_\_\_\_\_  
(first name)

\_\_\_\_\_  
(middle)

\_\_\_\_\_  
(maiden name)

Mailing Address:

\_\_\_\_\_

\_\_\_\_\_  
(city)

\_\_\_\_\_  
(state)

\_\_\_\_\_  
(county)

\_\_\_\_\_  
(zip code)

Current Telephone: \_\_\_\_\_ Email: \_\_\_\_\_  
(daytime) (nighttime)

Social Security Number: \_\_\_\_\_

Have you ever sought or been granted a dental/dental hygiene license under another name? \_\_\_\_\_ If  
yes, indicate other name(s) used and in which state: \_\_\_\_\_

**II. EDUCATION**

Pre-professional education: (college or university)

SCHOOL

LOCATION

DATES

DEGREES

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DENTAL or DENTAL HYGIENE EDUCATION:

SCHOOL

LOCATION

DATES

DEGREES

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

RESIDENCY:

HOSPITAL/INSTITUTION

LOCATION

DATES

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### III. LICENSURE/PRACTICE

National Boards: Year Taken \_\_\_\_\_ Grade: \_\_\_\_\_

Have you ever been denied a license? \_\_\_\_\_ year and state \_\_\_\_\_

If YES, please explain \_\_\_\_\_

List below all states in which you have ever been licensed:

STATE OR TERRITORY	LICENSE NUMBER	ORIGINAL/EXPIRATION DATES

### IV. HEALTH AND DISABILITY

1. Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism or voyeurism? Yes ( ) No ( ) If yes, please explain. \_\_\_\_\_
2. Have you within two years engaged in the illegal use of controlled dangerous substances? Yes ( ) No ( ) If yes, are you currently participating in a supervised rehabilitation program or professional assistance program which monitors you in order to assure that you are not engaging in the illegal use of controlled dangerous substances? Yes ( ) No ( ) If yes, please explain. \_\_\_\_\_
3. Have you ever been denied a DEA (Narcotic) registration number? Yes ( ) No ( ) If yes, please explain on separate piece of paper. Present DEA# : \_\_\_\_\_

### V. LEGAL AND BEHAVIORAL

1. Have you ever been convicted of or entered a plea of guilty or *nolo contendere* (no contest) to any felony, misdemeanor or any other criminal offense in any jurisdiction? Yes\_\_\_\_ No\_\_\_\_ **If yes, submit a certified copy of your criminal history record.**
2. Have you ever been disciplined by a licensing board? Yes ( ) No ( ). If yes, submit a letter giving a complete explanation. Include copies of all appropriate record.
3. Please list on a separate sheet all malpractice actions brought against you in the past five years, including dates and disposition and amount of awards or settlements if any.
4. Are there any charges or complaints pending against you at present? Yes ( ) No ( ) If yes, submit a letter giving a complete explanation. Include copies of all appropriate record.

**The Board office must receive items submitted for the Board to consider at its meeting no later than two full business days before the meeting. In order to be considered at a Board meeting, license applications must be complete two full business days before the meeting. A complete application is one that includes all required documentation and correct payment.**

**Applications that are not complete within six (6) months of filing may be considered abandoned and discarded. The Board office will attempt to notify you before disposing of an abandoned application.**

**Please note: When your application is complete, please allow 4-6 weeks to receive your license.**

**AFFIDAVIT:**

I certify that the above information is true and complete, and that I received the degree (circle one) DDS DMD RDH from \_\_\_\_\_ College on \_\_\_\_\_.

\_\_\_\_\_  
(date) (signature) (Name in full)

County of \_\_\_\_\_ State of \_\_\_\_\_. In \_\_\_\_\_ in said county on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_, \_\_\_\_\_ personally appeared before me, has been duly sworn, deposes, and says that he has read carefully and truthfully answered the above questions.

My commission expires \_\_\_\_\_  
Notary Public